

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/21/2011	
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R0000	<p>This visit was for the investigation of complaint IN00092161.</p> <p>Complaint IN00092161 - substantiated, state residential finding related to the allegation is cited at R0051.</p> <p>Unrelated deficiencies cited.</p> <p>Survey date: June 20 and 21, 2011</p> <p>Facility number: 011366 Provider number: 011366 AIM number: N/A</p> <p>Survey team: DeAnn Mankell, R.N.</p> <p>Census bed type: Residential: 37 Total: 37</p> <p>Census payor type: Other: 37 Total: 37</p> <p>Sample: 19</p> <p>These state residential findings are cite in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 6/23/11 Cathy Emswiller RN</p>			R0000	<p>Please be advised that Samara Memory Care at GreenTree Kokomo has requested Informal Dispute Resolution meetings for Tags R 0051 and R 0241. Please note that with regards to the completion dates for Tags R 0051 and R 0241, we arbitrarily selected October 1, 2011 as the completion date as we do not know how long it will take to schedule the IDR meetings and for the final solutions to be determined. We have submitted a Plan of Correction for Tag R 0352. Please contact me at (765) 455-2828 or at wrees@provisionliving.com if you require any additional information. Thank you. William Rees, MHA, HFA Executive Director Samara Memory Care at GreenTree Kokomo Addendum to POC - July 27, 2011 Addendums for Tags R 0051 and R 0352 are being submitted at this time. Please contact me at (765) 455-2828 or at wrees@capitalseniorliving.net if you require any additional information. Thank you. William Rees, MHA, HFA Executive Director The Wellington at Kokomo</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0051	<p>(u) Residents have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.</p> <p>Based on observation, interview, and record review, the locked Alzheimer's facility failed to ensure all residents were not locked out of their rooms thus restraining the residents from being able to enter their rooms at will. This practice potentially affected all 37 residents in the facility. (Residents A, D, G, H, I, J, K, L, N, O, P, Q, & R) (LPN #1, LPN #2, CNA #1, CNA #2, & CNA #3)</p> <p>Findings included:</p> <p>1. During the entrance to the locked Alzheimer's facility on 6/20/11 at 5:20 A.M., LPN #1 was interviewed regarding the resident rooms, which were all locked. She indicated the rooms were always locked at night. She further indicated the residents did not have a key to their rooms, only the staff had a Master key to all the rooms. She indicated the residents could leave their rooms, as they were not locked in, but they would need to ask the staff to open their doors to get back into</p>		R0051	<p>We believe that unlocking the resident's apartment door from the hallway and allowing access to a resident's apartment by any resident will result in additional resident rights violations regarding resident safety, resident privacy and resident dignity issues. In addition, we believe that the unlocking of the resident's apartment door from the hallway could also lead to resident to resident abuse incidents. Please note that the resident's door from the inside of the resident's apartment is not locked. We are requesting an IDR Face to Face meeting with ISDH regarding Tag R 0051. Addendum to POC - July 27, 2011 At all times, 24/7, the residents may leave their individual room and have access to the unit's dining room, the living / activity room and the unit hallways. Our present policy is that each resident's room is locked from the hallway. It takes a staff member to let a resident into an individual room. By it taking a staff member to let a</p>		11/01/2011	

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	<p>their rooms. She indicated the doors were locked to prevent the residents from wandering into rooms, looking through things in others' rooms, and taking others' belongings. She indicated there were 3 residents (Residents G, H, and I) downstairs and 1 resident (Resident J) upstairs whose doors were not shut all the way as they had alarms on and the doors were left open so the staff would be able to hear the alarm soundings. She further indicated the residents were checked every one to two hours during the night and the staff could hear if they were up in their rooms or if they had walked into the hallways. She indicated there were only 4 or 5 residents in the entire building who might be interviewable as all the others were confused.</p> <p>CNA #1 was interviewed on 6/20/11 at 5:50 A.M., she indicated Residents J and K were in wheelchairs and would not be able to leave their rooms by themselves as staff would need to assist them out of their rooms. CNA #1 indicated she was told the rooms had to be locked because of the wandering residents and that the doors were locked 24/7. She indicated she left 2 doors open at night for Residents J and L because they had alarms that she needed to hear.</p> <p>CNA #2 was interviewed on 6/20/11 at</p>				<p>resident into a room, this ensures that the resident will have proper access to their room. As a result of this procedure, residents are not be able to enter other residents rooms unannounced or without permission. Confrontations between residents, resident to resident abuse, are minimized because you do not have residents entering other resident's rooms without staff supervision. It is our strong staffing patterns that enables us to minimize resident to resident abuse and to prevent residents from wandering into other residents rooms. Our current staffing pattern for 37 residents is as follows: Addendum to POC - August 5, 2011 We will be providing a key to each resident that will allow them to open their apartment from the hallway. It will take us 30 days to re-key the doors so that each door has a specific key. There will be ongoing and permanent monitoring to ensure that the resident has access to their apartment key. We will be meeting with the ISDH at an Informal Dispute Resolution meeting on August 17, 2011 to review this recommendation in greater detail. Addendum to POC - August 16, 2011 We will be taking the following steps to address the ISDH findings to Tag 0051. They are as follows: 1. We will conduct an assessment of each resident asking if he / she can identify their</p>		

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	<p>5:55 A.M., she indicated the doors into the resident rooms were locked at night from the outside. She further indicated if the residents left their rooms they would "have to let them back in." as no resident had a key on their door.</p> <p>CNA #3 was interviewed on 6/20/11 at 6:10 A.M., she indicated the doors to the residents rooms were locked on the day shift as the there were a number of resident who roam and get the belongings of the other residents. She indicated it was a safety issue as the residents would "bicker" a lot and this kept the residents in the common areas. She indicated the staff has keys and the residents don't have a key. There are some residents who ask to go back to their rooms and we will open the door for them. She indicated there were only a handful who will go back to their rooms after breakfast.</p> <p>LPN #2 was interviewed on 6/20/11 at 6:17 A.M., she indicated they keep the doors to the residents' rooms locked. She indicated since she had been employed by the facility the doors had always been locked to keep the residents from wandering into the rooms. She indicated all of the residents eat in the main dining room and there were only 1 or 2 who would take naps in their rooms after breakfast and lunch and we let them in</p>			<p>apartment by its apartment number. Do you know your apartment number? In addition, we will conduct an assessment to see if there is any other type of method the resident can use to identify the location of their apartment.2. We will conduct an assessment of each resident to see if they have the ability to use a key to unlock their apartment from the hallway.3. We will review the findings of our assessments with each resident's Power of Attorney (POA). We will present the pros and cons of unlocking or locking the resident's apartment door from the hallway.4. We will ask the resident's POA to make a decision regarding whether they want the resident's apartment door to be unlocked or locked from hallway.5. We will record the POA's decision on a form signed by the POA and placed in the resident's medical record. The apartment door will be unlocked or locked from the hallway based on the directions provided by the POA.6. The POC will be monitored by the Director of Well Being and the Health Manager. A resident survey will be conducted annually and the results will be reviewed with the resident's POA. If the resident's POA changes his / her direction regarding the unlocking or locking of the apartment door from the hallway, a new form will be signed by the POA and a copy</p>			

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	<p>their room. She indicated Resident A likes to stay in his room.</p> <p>The second floor day room which had a TV on was observed on 6/20/11 at 9:25 A.M., there were 5 residents in the room of which Resident N was asleep lying on the sofa, Resident O was asleep sitting in a recliner, and Resident L was asleep sitting in a chair.</p> <p>The second floor day room, which had a TV on, was again observed on 6/20/11 at 10:10 A.M., Resident N was still asleep lying on the sofa, Resident O was still asleep sitting in a recliner. Residents P and Q were sitting up sleeping in a love seat. There were activities occurring at the time these 4 residents were sleeping.</p> <p>Resident R was interviewed on 6/20/11 at 10:45 A.M., she indicated she "can't get into her room" by herself as the staff lets her into her room. She indicated she would like to get into her room by herself.</p> <p>Resident A was interviewed on 6/20/11 at 1:35 P.M., he indicated he wanted his door locked as he didn't want the other residents wandering into his room. He indicated he couldn't have a key, but it would be nice to have one as he had to wait on the staff to come and open the door to his room, but he couldn't have a</p>				<p>of the form will be placed in the resident's medical record.7. The resident survey will be an ongoing process and all new residents will be assessed within 30 days of their admission to the memory care unit.Please contact me if you require any additional information. Thank you.William Rees, MHA, HFAExecutive DirectorThe Wellington at Kokomo(765) 455-2828wrees@capitalseniorliving.net Addendum to POC - August 26, 2011From Ms. Brenda Buroker, Survey Manager - ISDH on-site visit on August 17, 2011, we will implement the following recommendations:1. We will request the Indiana Alzheimer's Association to provide consulting services regarding our hallway door situation and to provide our facility with recommendations to resolve the issue. We will then implement their recommendations.2. We will request the Indiana Alzheimer's Association to provide an inservice program to all of our memory care staff. The inservice will be mandatory. We will work with the Alzeheimer's Association to develop an appropriate agenda for the inservice. 3. We will request the Indiana Alzheimer's Association to provide an inservice program for our resident's family members. The meeting will be voluntary for the resident's family members.4. We will incorporate the Alzheimer's</p>		

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	<p>key.</p> <p>Resident D was interviewed on 6/20/11 at 10:00 A.M., she indicated by being locked out of her room she didn't feel independent. She indicated she didn't know why the rooms were locked, but a CNA had told her there was "nothing you can do about it." She said the CNA's are busy and she had to wait for them to let her into her room. She said, "the last time I asked, they wouldn't let me take a nap." She indicated to take a nap during the day you have to lay on a couch or love seat.</p> <p>The unit manager was interviewed on 6/21/11 at 2:55 P.M., she indicated the resident rooms were locked so the residents couldn't wander into the rooms of the other residents. Some of the residents had wandered into the rooms and broken figurines or taken things and the families liked it better when the residents were not able to get into the rooms. She further indicated the facility didn't want the residents going back to their rooms for naps, as then it was very difficult to get them to come out of their rooms for meals and activities, as the residents wanted to stay in their rooms. She indicated it was better for the residents to sleep on the couches than to take naps in their rooms as that way they were not wandering into other resident's</p>			<p>Association staff inservice into our orientation program for all future staff. Please note that I have contacted the Alzheimer's Association on 8/26/11 to begin developing and scheduling the above mentioned programs. Please contact me if you have any questions or require any additional information. William Rees, MHA, HFA Executive Director The Wellington at Kokomo (765) 455-2828 wrees@capitalseniorliving.net Addendum to POC - September 2, 2011 The following representatives from The Wellington at Kokomo - William Rees, Executive Director, Brenda Shepherd, Director - Memory Care and Tanya Austin, Nurse Manager - Memory Care met with the following representatives from the Alzheimer's Association - Linda Altmeyer, Director of Programs and Tina Brooks, Associate Director of Community Services on Thursday, September 1, 2011. We reviewed in detail all of the materials and information submitted to ISDH regarding Tag R 0051 with Ms. Altmeyer and Ms. Brooks. From this meeting and in response to ISDH's letter of August 29, 2011, the following recommendations were developed: 1. The Alzheimer's Association will submit its recommendations regarding Tag R 0051 to The Wellington at</p>			

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	<p>rooms.</p> <p>The Administrator was interviewed on 6/20/11 at 6:30 A.M., he indicated the residents rooms were always locked and the residents didn't have a key to get into their rooms.</p> <p>A copy of the Resident Rights, provided to the residents upon admission, was provided by the facility on 6/20/11 at 9:30 A.M. by the Wellness Director, indicated "38. Residents had the right to be free from any physical or chemical restraints proposed for the purpose of discipline or convenience and not required to treat the residents medical symptoms."</p> <p>This state residential tag refers to complaint IN00092161.</p>			<p>Kokomo by Thursday, September 8, 2011. A copy of the recommendations will be forwarded to ISDH on September 8th. It is the intention of The Wellington at Kokomo to implement the recommendations developed by the Alzheimer's Association.2. We have scheduled mandatory inservice meetings for all Memory Care staff on Tuesday, September 13th and Wednesday, September 24th. The inservices will be presented by the Alzheimer's Association staff.3. We have scheduled voluntary inservice meetings for the families of the Memory Care residents on Wednesday, September 24th. Again, the Alzheimer's Association staff will present the inservices.4. We will provide a copy of the Alzheimer's Association inservice agenda and topics to be covered at the scheduled meetings to ISDH as soon as the information is received from the Alzheimer's Association.5. It is our intention to have all of the inservices completed and the recommendations implemented October 8, 2011.Please contact me if you have any questions or require any additional information. Thank you.William Rees, MHA, HFAExecutive Director The Wellington at Kokomo(765) 455-2828wrees@capitalseniorliving.netAddendum to POC –</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2011

FORM APPROVED

OMB NO. 0938-0391

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					<p>September 27, 2011 Attached for your review are the recommendations that we received from the Alzheimer's Association. Listed below is our schedule for implementing the Alzheimer's Association's recommendations.</p> <p><u>Recommendations 1 and 2.</u> In-services for the staff were conducted by the Alzheimer's Association on September 13 and 21, 2011. The in-service was mandatory and there was 100% compliance by our employees. The topic for the in-service was "Dementia Care Practice Recommendations for Assisted Living Residences". Also, we are incorporating the "Dementia Care Practice Recommendations" in our new employee orientation process. In addition, the Alzheimer's Association conducted an educational program on September 21, 2011 for our memory care resident's family members. The topic was "Communication and Behaviors of the Dementia Individual". Status – Completed.</p> <p><u>Recommendation 3</u> Our Director of Memory Care, Brenda Shepherd will be attending the Activity Based Alzheimer's Care Program being held by the Alzheimer's Association on October 26, 2011 in South Bend, IN. Status – Will be completed by October 26, 2011.</p> <p><u>Recommendation 4</u> To obtain the Dementia Professional</p>		

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					<p>Certification requires an individual to complete a series of 9 classes. The program has been developed by the Alzheimer's Association and Ivy Tech State College. Classes are offered throughout the year at various locations in the state. We will attempt to have the Director of Memory Care and the Executive Director achieve this certification within the next 12 months, however, we view this recommendation as optional. Status – Recommendation is optional. <u>Recommendation 5</u> The Director of Memory Care will be visiting and reviewing operational issues with the memory care directors at the following facilities: · Keepsake Village – Columbus, IN · The Hearth at Prestwick – Avon, IN · The Hearth at Windermere – Fishers, IN · The Legacy – Kokomo, IN Status – November 1, 2011 <u>Recommendation 6</u> We have utilized the "Consistent Staff Assignments" process when staffing our Memory Care unit. We have two floors to our unit, the first floor has 17 beds and the second floor has 20 beds. The employees are assigned to a specific floor. At times, the staff must change floor assignments, however, we try to keep the changes in floor assignments to a minimum. Status – Completed. <u>Recommendation 7 Memory Care Displays</u> We are in the process of obtaining bids for the</p>		

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					<p>purchase and installation of memory care displays. We anticipate that this will be a capital equipment expense and will require Corporate approval. If approval is granted, we anticipate being able to have the memory care displays installed by December 1, 2011. Status – In Process. <u>Staff Monitoring</u> We have reviewed our staffing monitoring process and have identified the necessary changes that will need to be made. A mandatory staff meeting will be held on Tuesday, October 18, 2011 to educate the staff on resident safety and resident rights. In addition, the staff has received work / task sheets for each resident which identifies the care that is to be provided and the work / task sheets also identifies the monitoring level that the staff is to employ for the residents who have been assigned to them. Status – This training will be completed by November 1, 2011 Recommendation 8 We currently have the following Life Skill Stations for our memory care unit: Kitchen Station, Laundry Station, Gardening Station and Crafts Station. We are constantly evaluating our to see how we can improve and possibly expand our Life Skill Stations areas. Status – Complete. This completes our responses to the Alzheimer's Association's recommendations for our facility. <u>Facility</u></p>		

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R0352	<p>(e) The clinical record must contain the following:</p> <p>(1) Sufficient information to identify the resident.</p> <p>(2) A record of the resident 's evaluations.</p> <p>(3) Services provided.</p> <p>(4) Progress notes.</p> <p>Based on record review and interview, the facility failed to complete progress notes related to a necrotic area on a toe for 1 of 1 resident with a necrotic area on a toe in a sample of 19 (Resident E).</p> <p>Findings included:</p> <p>1. Resident E's clinical record was</p>		R0352	<p>Recommendation We have had several discussions with ISDH regarding the resident apartment doors being locked or unlocked from the hallway. We will unlock the resident apartment doors from the hallway effective November 1, 2011. We will be notifying the resident's families by letter. We want to give the family members adequate time to make any adjustments in the resident's apartment prior to November 1. Status – In Process, to be completed by November 1, 2011 Please contact me if you have any questions or require any additional information. Thank you. William Rees, MHA, HFA Executive Director The Wellington at Kokomo (765) 455-2828 wrees@capitalseniorliving.net</p> <p>Corrective Action: A mandatory in-service meeting was held on Wednesday, June 29, 2011. All Samara Memory Care staff members were required to attend. A second mandatory in-service meeting will be scheduled no later than July 29, 2011 to train the remaining staff who were on vacation or were excused from the first meeting for valid reasons. The agenda for</p>		08/29/2011	

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	<p>reviewed on 6/20/11 at 11:32 A.M.</p> <p>Resident E's diagnoses included, but were not limited to, Alzheimer's, dementia, arthritis, hypertension, and depression.</p> <p>Resident E's physician was faxed on 5/6/11 for "1 cm (centimeter) X 1 cm. black spot found on residents (R) (right) great toe. What do you want us to do?</p> <p>There was a return fax dated 5/6/11 for "to see Dermatologist."</p> <p>The facility sent a fax to the physician on 5/11/11 for "(Name) resident's daughter would like us to have an order for the spot on her toe rather than a dermatologist consult. Please sign below or write an order...."</p> <p>The physician sent a return fax on 5/13/11 for "D.C. dermatologist consult. Solosite gel (a debriding agent used to treat pressure ulcers) applied daily- irrigate area daily to remove necrotic tissue and apply solosite."</p> <p>Review of the nurses' progress notes indicated the lack of documentation of the necrotic area on the resident's (R) great toe until 6/6/11 when there was a notation of the size of the area.. There was a notation on 6/11/11 indicating the necrotic</p>		<p>the June 29, 2011 meeting and future scheduled meetings included the following: Review of our Skin Condition Policy and Skin Alert Sheet. All Nursing and CNA staff signed a copy of the in-service attendance sheet and the Skin Condition Policy to ensure compliance for all aspects of the Skin Condition Policy. Policy Elements included: 1. Timely notification to the physician and responsible party. 2. Timely follow-up and implementation of the physician orders. 3. Required documentation noted on the Medication Administration Record, Treatment Medication Record and the Resident Clinical Record. 4. Note indicated on the 24 hour report. 5. Ongoing observation and required documentation that is completed within the physician ordered time frame. A Facsimile Policy was created to ensure timely physician initial contact and continued follow through to be completed within the first 72 hours of initial concern. Samara Managers will frequently review the 24 hour report and faxes pending response with specific concentration as to why the fax, the date of the fax, the current status of the fax and the action to take regarding the fax. Full compliance following our June 29, 2011 mandatory staff in-service meeting is expected by all staff</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		(X3) DATE SURVEY COMPLETED 06/21/2011	
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	<p>tissue was removed and there was pink tissue under the area and there were no open areas.</p> <p>There was a fax sent to the physician on 6/11/11 indicating "Necrotic tissue came off during tx. No open areas, skin is pink. Should we D/C (discontinue) Solosite? There was a return fax of "D/C Solosite."</p> <p>Review of the TAR (treatment administration record) for May 2011 indicated a nursing measure of "measure area on (R) great toe weekly until healed." There were measurement for 5/6/11 and 5/13/11 of 1 cm. X 1 cm. area on right great toe. There were no measurement for 5/20/11 or 5/27/11.</p> <p>Review of the TAR (treatment administration record) for May 2011 indicated the order for "Solosite gel irrigate area daily to remove necrotic tissue et apply solosite" was not started until 5/17/11. There were no initials for 5/19/11, 5/20/11 and 5/22/11 indicating the treatment had not been completed as ordered.</p> <p>Review of the TAR (treatment administration record) for June 2011 indicated a nursing measure of "measure area on (R) great toe weekly until healed." There were measurement for 6/11/11 only.</p>		<p>indefinitely regarding our Skin Condition Policy , Skin Alert Sheet and the Facsimile Policy.If compliance is lacking, the staff associated with the error will incur disciplinary action per company policy. See AttachmentsAddendum to POC - July 27, 2011Continued monitoring will consist of the Memory Care Nurse Manager / or assigned staff will complete weekly random audits of the Residents Medical Record and Treatment Records with physician notification verifying faxes sent to physicians are followed up within 72 hours, new orders are documented on the MAR and TAR and are acted upon. Entry made in the Resident's Medical Record and entry made on the 24 hour report, providing direction to all nursing staff working are fully aware of the change in the resident's plan of care.This monitoring system will be weekly and will continue for 1 year. If compliance is lacking, the staff associated with the error will incur disciplinary action per company policy.</p>		

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	<p>Review of the TAR (treatment administration record) for June 2011 indicated the order for "Solosite gel irrigate area daily to remove necrotic tissue et apply solosite" was completed as ordered.</p> <p>During an interview with the Unit Manager on 6/21/11 at 3:00 P.M., she indicated she didn't know why there was a page of notes missing from the clinical record as she remembered charting about the resident's toe. She provided a policy on skin care at that time.</p> <p>Review on 6/21/11 at 3:02 P.M. of the undated "Skin Condition and Pressure Ulcer Policy" indicated "....if skin conditions issues occur the resident's skin condition will be monitored according to physician orders.area is observed the description will be documented on the following: 1. Resident Treatment Record (TAR) 2. Narrative entry in resident medical record..A weekly assessment of skin concerns or issues will occur until areas are healed unless physician specifies otherwise...."</p>						